## EXHIBIT C

( 'ase I	16-10/25-0WZ 110C 8801	3 - n	<u> </u>	9:10 Dag	<u> </u>
	30 14125 gWF - P00 0031	PRO	OF OF CLAIM	2.15 T ag	0 2 01 11
Alama of Dahtan		Case Nu	mhor		
Name of Debtor	+ TREST DEED FUND				
o shen the year	LLC	06-	10728 (LBR)		
ansing after the commencement	f Debtors and Case Numbers o make a claim for an administrative exp nt of the case A "request" for payment of filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and			to your claim Attach copy of statement giving particulars		
	1132124100185	io	Charle have describer		
	ARONSON & HENRIETTA ARONSON		Check box if you have never received any notices		
21150 POINT ( AVENTURA FI			from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
			Check box if this address	ONE OF THE DE	BTORS
			differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (	305-918-0069		court		E IS FOR COURT USE ONLY
	ther number by which creditor identifies	debtor	Check here	res	
1850			Check here I replace or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM Goods sold	D Bernand manufacture of the set	] Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed	Personal injury/wrongful death Taxes	] Wages, s	salanes and compensation (	fill out below)	Other claims against servicei (not for loan balances)
Money loaned			digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURR	ED 3-6-2006	3 JE C	OURT JUDGMENT, DATE C	RTAINED	(date) (date)
	M Check the appropriate box or boxes that				he time case filed
See reverse side for important e	explanations		SECURED CLAIM		
UNSECURED NONPRIORITY	·		_	our claim is secu	red by collateral (including
	no collateral or lien securing your claim or b) perty securing it or if c) none or only part of y		a right of setoff)		, constant (manual of
entitled to priority			Brief description of	collateral HP	A CLEAR LAKE
UNSECURED PRIORITY CLA	ININI I unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority	runsecured claim all or part or which is		Value of Collateral	\$ 100,	00000
Amount entitled to pnority	\$		Amount of arrearage a		at time case filed included in
Specify the priority of the clai	m		secured claim, if any	\$ HINTER	EST FROM 3-2-06
Domestic support obligations	under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	ard purchase, lease	or rental of property or
Wages salaries or commiss	ions (up to \$10 000)* earned within 180 days	3	services for personal family of		• ,,,,
business whichever is earlie	y petition or cessation of the debtor's r 11 U S C § 507(a)(4)	<u>_</u>	Taxes or penalties owed to go		
Contributions to an employee	e benefit plan - 11 U S C § 507(a)(5)	L	Other - Specify applicable part * Amounts are subject to adjust	• .	• . ,
			with respect to cases commer		date of adjustment
5 TOTAL AMOUNT OF CLAIR AT TIME CASE FILED	M \$ \$ (	100,0	10000		\$100,0000
	(unsecured)	•	secured)	( pnonty)	(Total)
Check this box if claim include	les interest or other charges in addition to t	he principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
	all payments on this claim has been cre				
7 SUPPORTING DOCUM	ENTS Attach copies of supporting doci	<u>uments.</u> su	ich as promissory notes pure	chase orders, inv	oices, itemized statements of
DOCUMENTS If the docu	s, court judgments, mortgages, security ments are not available, explain If the	agreement documents	s, and evidence of perfection are voluminous, attach a sui	of lien DO NO mmarv	T SEND ORIGINAL
8 DATE-STAMPED COPY	To receive an acknowledgment of th				l envelope and copy of this
proof of claim					
ACCEPTED) so that it is a	eted proof of claim form must be sen actually received on or before 5 00 pm (including individuals, partnerships, o	n, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)		-			Tolad 12ta
BY MAIL TO BMC Group		BY HAND BMC Gro	<b>OR OVERNIGHT DELIVERY TO</b> up	)	TIPE WEIL
Attn USACM Claims Docki P O Box 911	eting Center		CM Claims Docketing Cente	er	alorloma
El Segundo, CA 90245-091	1		t Franklin Avenue do, CA 90245		1/0/1/200
DATE S	IGN and print the name and title if any of the				LICA FIRST TOUR
9-25-06	IGN and print the name and title if any of the this claim (attach copy of power of attor AWRENCE J. ARONSON	ney ifany) ゼ <i>州</i> [ル	RIETTA ARONSON		USA FIRST TRUST
		11	witte Chious	n	1072800050

Penalty for presenting fraudulent claim is a fine of up to \$5,000 or impresentent for up to 5 years, or both 18 U S C §§ 152 AND 3571

## E-Filed On 12/8/06

AL 114D STATES BANKRUPTEN COURT DISTRICT OF NE	PROOF OF CLAIM CHAPTER		
SA Commercial Mortgage Company	06-10725 LBR	That your over surfaces	
(E. I has factor should hely) be used to make a cases for an administrative exposite sensing of most of an administrative exposure may be filed personner to 11.5. S.C.	or the communications of the case. A "request" for		
e it credited l'The person in thementity to whem he debium	() Check box if you are aware that in one clie has tiled a priori of		
ACK J. BEAULIEU REVOCABLE LIVING TRUSTATED (9/1/94)	aine felating to your claim.  Vitach copy of visioness grang particulars.		
neut maternaphere grace houselike and	( hera ben if you have dever received any notices from hanknooney court in this case		
102 Palma Vista Avenue 202 Palma Vista Avenue 28 Vegas, NV 89121	Check box if the address differs from the address in the anything		
	icut so you by the court.		
HEAR Clear Lake, LLC, A Florida	Check here if this claim if replaces [] amends a previously	filed class, dated	
BASIS FOR CLARM	Persons bosseritos as decimad un 111 S.C. \$ 23 4 Wagan, valaries, and compressions of Fill, OUT	· · · ·	
Nervices per Kranid Limey Landd Personal invers on nighid death	act from Ingritt of your Social inecurity in space overgrassion at aparticles performed		
X Negligence. Misrepresentation	on, ***	(4.e)	
_ <del></del>		·	
JANUALY V 2003	If court judgment, dam obtained:		
First claim as time case flies \$37,500,00 (Linecuted) \$ full or part of your claim is secured or entitled as priority also complete from Chack thus box if claim includes interest, in other charges in addition full interest Cr additional charges.  Secured Claim.  4 both this fill if your farm it secured it	UniconOsemAd) \$(Priority)		
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## Case 06a16765-000025-1000 83181m3121Fntoreot118600111016642118ge Plagre44 of 11

FORM B10 (Official Form 10) (10/05)		ALETAN	20			
United States Bankruptcy Court		RICT OF NEVA		PROOF OF CLAIM		
Name of Debtor	of Debtor Tage Number 5-06-10735  A A A A A A TORINA MOR TAGE F (0) BY-5-06-10735 LBR LBR					
& USA COMMERCIAL MORTOAGE CO	WSA COMMERCIAL MORTGAGE CO BK-5-06-10725 LBR ZBR					
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	strative expe	nse arising after the communication in the second area of the second a	nencement 3.			
Name of Creditor (The person or other entity to whom the	☐ Checl	box if you are aware that	t anyone	1 9 1 40 AH 'US		
debtor owes money or property):	else h	as filed a proof of claim to claim. Attach copy of sta	relating to	CRITED STATES		
WILLIAM and CAROLYN BOLDING	giving	g particulars.		■太起発気は色子む子 りのむです -		
Name and address where notices should be sent:	☐ Checi	box if you have never rest from the bankruptcy co	eceived any	PATRICIA ONA:		
3961ARIZONA AVE.	case.	es from the pankrupicy of	ourt in this	1/1 5/10		
LAS VEBAS, NV		box if the address differ				
Telephone number: 102-45-3-3780	the co	ss on the envelope sent to ourt.	you by	THIS SPACE IS FOR COURF USE ONLY		
Last four digits of account or other number by which creditor	Chec	here replaces				
identifies debtor:	if this	claim amends a pr	eviously file	d claim, dated:		
1. Basis for Claim		<ul> <li>Retiree benefits as</li> </ul>	defined in 1	I U.S.C. § 1114(a)		
☐ Goods sold				tion (fill out below)		
Services performed		Last four digits of Unpaid compensa				
✓ Money loaned  ☐ Personal injury/wrongful death	,	from		0		
Taxes TRUST DEED HEA Clear	Lake	) (date	)	(date)		
2. Date debt was incurred: 01/03/05	3.	If court judgment, da	te obtained:			
4. Classification of Claim. Check the appropriate box or boxes the	hat best desc	ribe your claim and state	the amount	of the claim at the time case filed		
See reverse side for important explanations.  Unsecured Nonpriority Claim \$	1	Secured Claim				
1	ur alaim ar	Check this box if a right of setoff).	your claim is	s secured by collateral (including		
<ul> <li>Check this box if: a) there is no collateral or lien securing you</li> <li>b) your claim exceeds the value of the property securing it, or if c)</li> </ul>	none or	ra right of setorr).				
only part of your claim is entitled to priority.		Brief Description				
Unsecured Priority Claim		Real Estate Value of Collate		Vehicle Other		
Check this box if you have an unsecured claim, all or part of	which is					
entitled to priority.		Amount of arrearage a secured claim, if any:		ges at time case filed included in		
Amount entitled to priority \$	į			· · · · · · · · · · · · · · · · · · ·		
Specify the priority of the claim:		Up to \$2,225* of depositor services for personal,	ts toward pur	chase, lease, or rental of property		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A)		§ 507(a)(7).	ranniy, or no	uschold use - 11 O.S.C.		
(a)(1)(B)		Taxes or penalties owed	to governme	ntal units - 11 U.S.C. § 507(a)(8)		
☐ Wages, salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the deb	in 180 🗆	Other - Specify applicab	le paragraph	of 11 U.S.C. § 507(a)().		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*Am			1/07 and every 3 years thereafter		
Contributions to an employee benefit plan - 11 U.S.C. § 507(	a)(5).	with respect to cases con	nmenced on c	or after the date of adjustment.		
5. Total Amount of Claim at Time Case Filed:	\$_	1.50,4		\$ 50,466.67		
Check this box if claim includes interest or other charges in ad interest or additional charges.	idition to the		red) (  claim. Attac	priority) (Total) th itemized statement of all		
6. Credits: The amount of all payments on this claim has been	n credited a	nd deducted for the purp	ose of	THIS SPACE IS FOR COURT USE ONLY		
making this proof of claim.						
7. Supporting Documents: Attach copies of supporting docum	-					
orders, invoices, itemized statements of running accounts, contr agreements, and evidence of perfection of lien. DO NOT SEI			-			
documents are not available, explain. If the documents are volt						
8. Date-Stamped Copy: To receive an acknowledgment of the f	•	•	ed, self-			
addressed envelope and copy of this proof of claim.			,			
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto	the creditor	or other person authoriz	zed to			
11/6/06 WILLIAM BODING		9ROLYN BOLD Olyn Boldi	116			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor  USA COMMERCIAL MORTGAGE COMPANY  HFA - CLEAR LAKE	Case Nu <i>06-1</i>	umbei 0725 (LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A 'request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address	_	statement giving particulars		
BROAD WALK INVESTIMENTS LIMITED PARTNEWS	MP	Check box if you have		
8635 WEST SAHARA AVEUUE PMB 220		never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTER	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS
LAS VEGAS, NEVADA 89117		Check box if this address	ONE OF THE DE	BTORS eady filed a proof of claim with the
ATTENTION; JAMES R. BONFIGLIO		differs from the address on the envelope sent to you by the		or BMC you do not need to file ag
Creditor Telephone Number (186) 991 - 2677		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces	filed plans dated
ACCOUNT ID: 6637 CLIENT ID: 5926		if this claim amen		filed claim dated
1 BASIS FOR CLAIM	Retiree i	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	fill out below)	Other claims against sen
Services performed Taxes		r digits of your SS#	,	(not for loan balances)
Money loaned	Unpaid o	compensation for services per	formed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED /2/31/04		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	tbe your claim and state the amou	unt of the claim at t	he time case filed
UNSECURE D NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		- Personal
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral	\$16,050	1000
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	•	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Up to \$2 225* of deposits towa services for personal family o Taxes or penalties owed to go	r nousehold use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable para	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ \$	102 000	with respect to cases commen	ced on or alter the	\$
AT TIME CASE FILED (unsecured)	100,000.	secured)	( pnonty)	Ψ (Total)
Check this box if claim includes interest or other charges in addition to the	•	•		, ,
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security a	<i>ı<u>ments,</u> sı</i> agreement	uch as promissory notes pure is and evidence of perfection	chase orders inv	oices itemized statements of
DOCUMENTS If the documents are not available explain. If the d  8 DATE-STAMPED COPY To receive an acknowledgment of the			•	envelope and copy of this
proof of claim  The original of this completed proof of claim form must be sen	t hu mail	or hand delinered (FAVEC A)	AT	THE COLOR FOR CO.
ACCEP1ED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailir	ng Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COUR' USE ONLY
governmental units) BY MAIL TO	•	OR OVERNIGHT DELIVERY TO	rii ch	JAN 0 4 2007
BMC Group	BMC Gro	pup	. 1220	ind™a i e si amin "E" gina peta peta s
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cente of Franklin Avenue	r	
El Segundo CA 90245 0911	El Segun	do CA 90245		USA CMC
DATE SIGN and print the name and title if any of the this claim (Arach copy of power of attorn the claim).	e creditor oney if any)	r other person authorized to file  R BONF16LW, 6P		1072501854
1 0000	,,,,,,	. ,		

## FORM B10 (Official Form 10) (10/05)

UNITED STATES	PROOF OF CLAIM				
Name of Debtor USA Commer	Case Number USA Commercial Mortgage Company  06-10725			FROOF OF CLAIM	
NOTE This form slot the clise. A requ					
debtor owes money	the person or other entity to whom the or property) ASEY III IRA #086082	else you givi	ck box if you are aware that anyone has filed a proof of claim relating to r claim. Attach copy of statement ng particulars		
Name and address of RICHARD F CASEY I PO BOX 1578	where notices should be sent II IRA #086082	noti Case			
LOS GATOS CA 950 Telephone number	31 1578	add	ck box if the address differs from the ress on the envelope sent to you by court	THIS STACE IN HIM COURT USE ONLY	
Last four digits of a identifies debtor	ecount or other number by which creditor		ck here	iled claim dated	
1       Basis for Claim       □       Retiree benefits as defined in 11         □       Goods sold       □       Wages salaries and compensate Last four digits of your SS # _         □       Money loaned       Unpaid compensation for served         □       Personal injury/wrongful death       from				isation (fill out below)  rvices performed	
2 Date debt wa	as incurred	3	If court judgment, date obtained	ed	
4 Classification of Claim Check the appropriate box of boxes that best describe your claim and state the amount of the claim at the Sec reverse side for important explanations  Unsecured Nonpriority Claim \$ 50 000  Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount of arrearage and other charges at time case fit				or Vehicle Other————————————————————————————————————	
Amount entitled to Specify the priority of	priority \$ the claim	П	secured claim if any \$Up to \$2 225* of deposits toward p	purchase lease or rental of property	
Domestic support (1)(1)(B)	ort obligations under 11 USC \$ 507(a)(1)(A) o	or	or services for personal family or § 507(a)(7)	nousehold use 11 USC	
☐ Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \( \delta \) 507(a)(4)  ☐ Contributions to an employee benefit plan 11 U S C \( \delta \) 507(a)(5)  ☐ Taxes or penalties owed to governmental units 11 U S C \( \delta \) 507(a)(—  Cher Specify applicable paragraph of 11 U S C \( \delta \) 507(a)(—  *Amounts are subject to adjustment on 4/1/07 and every 3 years there with respect to cases commenced on or after the date of adjustment.					
5 Total Amount of Claim at Time Case Filed \$50,000 50,000 + UNLIQUIDATED CLAIMS (insecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary				FILED NOV 09 2006	
Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self- addressed envelope and copy of this proof of claim  Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  By  Its				USA CMC 1072501235	

Case 06-10725-gwz Doc 8891	-3 En	tered 08/09/11 14:4	42·19 Par	ne 7 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		86082
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-10725-LBR			
OSA Commercial Mortgage Company	00-107	725-LDN		
NOTE See Reverse for List of Debtors and Case Numbers	<u></u>		1	
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	OI all	filed a proof of claim relating to your claim Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars	DEBTORS YOU	OO <u>NOT</u> HAVE TO FILE A PROOF
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FBOR, ChARAGASEY A/COLOG	79	from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
P O Box 2526, Waco, TX 76702-2526		Check box if this address	ONE OF THE DE	
7901 Fish Pond Road, Waco, TX 76710		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Tax ID 76-0115756 Phone (254) 751-1505 Ext 5	396	court	THIS SPAC	E IS FOR COURT USE ONLY
E-Mail IRAServices@Matrixbancorp com	-	Check here repla	ces	. Cld .ldtd
		if this claim amer		filed cla m dated
1 BAS'S FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED	2 IE C	OURT JUDGMENT, DATE O	DTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that			the state of the s	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim our claim is	a right of setoff)		
entitled to pnonty UNSECURED PRIORITY CLAIM		Brief description of	f collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 50	00,000,00
Amount entitled to priority \$		Amount of arrearage a		at time case filed included in
Specify the priority of the claim	_	secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tow services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	Г	Taxes or penalties owed to go		• , , , ,
business whichever is earlier 11 U S C § 507(a)(4)	Ē	Other Specify applicable par		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	501	With respect to cases commen	iced on or alter the	\$ SOOO OC
AT TIME CASE FILED (unsecured)	-	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the		•		, ,
6 CREDITS The amount of all payments on this claim has been cree	dited and o	leducted for the nurnose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docu		• •		
running accounts contracts court judgments mortgages security a	agreement	s and evidence of perfection	of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the color by DATE-STAMPED COPY To receive an acknowledgment of the		· ·	•	t envelone and conv of this
proof of claim	ig 01 )	onorodo a starripe	Jon dudi 00000	. S Glope and dopy of tills
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governmental units) BY MAIL TO	•	,•		TO NOV 1 5 2006
BMC Group BMC Group				ED NOV 1 5 2006
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	ACM Claims Docketing Cente t Franklin Avenue	†I	
El Segundo CA 90245-0911		do, CA 90245		USA CMC
DATE SIGN and print the name and title, if any of the this claim (attach copy of power of attor	ney frany)	BANNY CUSTODIAN		11
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		5 years or both 18 U.S.C. 88	STOREST -	L

AUTHORIZED SIGNAFURE

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	S BANKRÚPTCY GOURT ICT OF NEVADA	PRO	OF OF CLAIM	1	AIM IS SCHEDULED AS
Name of Debtor		Case Nu	mber	Schedule/Claim I	Acct#954
USA Commercial M	lortgage Company	06-107	'25-LBR	Amount/Classifica	tion HFA- Clear Lak
OSA Commercial IV	lortgage company	00-107	ZJ-CDN	£1.164.0744	prosty sourced
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1	of Debtors and Case Numbers I to make a claim for an administrative ex	pense	neck box if you are	1 7 3	11 To present
arising after the commencem	ent of the case A request" for payment		aware that anyone else has filed a proof of claim relating	Low -	, - ,
	be filed pursuant to 11 U S C § 503		to your claim Attach copy of		cted above constitute your claim as Debtor or pursuant to a filed claim. If
Name of Creditor and	Address 113212400	02195	statement giving particulars	you agree with the	amounts set forth herein and have no
LEWIS H FINE &	ARLENE J FINE		heck box if you have neve received any notices		EXCEPT as stated below
PO BOX 487 OAKLEY UT 84055 0487			from the bankruptcy court or BMC Group in this case		own above are listed as Contingent, isputed, a proof of claim must be
			( heck box if this address	filed	ispated, a proof of claim mast be
			differs from the address on the	( '	eady filed a proof of claim with the
Creditor Telephone Number (			envelope sent to you by the court	1 ' '	or BMC you do not need to file again
	other number by which creditor identifies	debtor	[] ronlo		2 IO I OII OODIII OOL OILLI
954			Check here repla of this claim amer	<sub>r</sub> a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages	salaries and compensation	(fill out below)	Other claims against services (not for loan balances)
Services performed	Taxes		digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT, DATE (	DBTAINED	(date) (date)
1	AIM Check the appropriate box or boxes that				time case filed
See reverse side for important	· ·		SECURED CLAIM		
Chock this box if a) there is	FY CLAIM \$ no collateral or lien securing your claim or b) y	rour claum	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the pro	perty securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CA	AIM		Brief description of		
	an unsecured claim all or part of which is		Real Estate		Other 11/exs
entitled to priority	9/1 0000 m		Value of Collateral	\$	
Amount entitled to priority	\$ 5000		Amount of arrearage a	nd other charges	at time case filed included in
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	sions (up to \$10 000)* earned within 180 days by petition or cessation of the debtor's	Г	Taxes or penalties owed to go		* , . , .
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5 TOTAL AMOUNT OF CLA	NIM \$ \$	CM a	with respect to cases commen	nced on or after the o	date of adjustment forement
AT TIME CASE FILED	(unsecured)	0-		JACAM 3/1	106 To deten at
Check this box if claim inclu	udes interest or other charges in addition to th	•	, , , , , , , ,	<b>*</b> * * * / /	' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6 CREDITS The amount o	f all payments on this claim has been cre	dited and	deducted for the purpose of	making this proof	of claim
	MENTS Attach copies of supporting docu				
	ets, court judgments mortgages security numents are not available explain. If the				OT SEND ORIGINAL
i	Y To receive an acknowledgment of th			•	d envelope and copy of this
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	actually received on or before 5 00 pm y (including individuals, partnerships,				USE ONLY
governmental units) BY MAIL TO	, , , , , , , , , , , , , , , , , , , ,	•			
BMC Group	haba a Ocata	BMC Gro		FII FIY	DEC 0 4 2006
Attn USACM Claims Doc P O Box 911	keung Center		CM Claims Docketing Cente t Franklin Avenue	er	0 I LUUU
El Segundo CA 90245 09		El Seguno	do CA 90245		
DATE	SIGN and print the name and title if any of the	e creditor or rey if any)	other person authorized to file		
12/1/06	Du H The	( )		lene.	USA CMC
Penalty for presenting fraudulent	Nam is a fine of un to \$500,000 or imprisonmen	t for up to 5	veers or both 1911 Sh SE 15	22 AND 3571	1072501532

	Case			PR	OF OF CLAIM	2:19 Pag	<del>C                                    </del>	<u> </u>
					JOI OI OLAIM			
Name of D	ebtor			Case Nu	ımber			
l . ,				06	-10725-LBR			1
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	Creditor and				to your claim Attach copy of statement giving particulars	Ì		
	GEORGE S TRUST DAT C/O GEORG 2048 FOXFII	COHAN & NA ED 4/1/03 GE S COHAN			Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE	IIS PROOF OF CLAIM REST IN A BORROWE BTORS eady filed a proof of cla or BMC you do not ne	R THAT IS NOT
	ephone Number	The second secon	702-260-42		court	THIS SPAC	E IS FOR COURT (	JSE ONLY
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1 BASIS FO				Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted pri	ncipal
Goods			al ınjury/wrongful death	☐ Wages	salaries and compensation (	(fill out below)		against service
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2 DATE DE	BT WAS INCUF	RED Ø1/	19/2005	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date)	(date)
	ICATION OF CL		117402		ribe your claim and state the amo		the time case filed	
1	e side for importan				SECURED CLAIM			
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UNSECURE	D PRIORITY CI	LAIM			Real Estate		e 🗖 Other	
	nis box if you have to priority	an unsecured	claim all or part of which is		Value of Collateral		000,000	
	entitled to priority	\$			Amount of arrearage a		,	ncluded in
	the priority of the c	laım			secured claim, if any		at time case med ii	loidaca iii
			S C § 507(a)(1)(A) or (a)(1	)(B)	Up to \$2 225* of deposits tow	ard purchase lease	or rental of property of	or
			10 000)* earned within 180 essation of the debtor's	) days	services for personal family of Taxes or penalties owed to go		• (,,,,	
busines	s whichever is ear	her 11 USC	§ 507(a)(4)		Other - Specify applicable par		• (,,,,	
Contribu	itions to an employ	yee benefit plan	11 U S C § 507(a)(5)		* Amounts are subject to adju			after
5 TOTAL A	MOUNT OF CL	AIM \$	بنو ب <i>ه</i>	\$ 700	with respect to cases commer	nced on or after the	date of adjustment	
1	CASE FILED	Ψ _	(unsecured)	•	secured)	(pnonty)	Ψ	otal)
			or other charges in addition	n to the principal	amount of the claim Attach ite	emized statement of	of all interest or addition	1
7 SUPPOI running a DOCUM	RTING DOCU accounts contra ENTS If the do TAMPED COR	MENTS <u>Atta</u> cts court judg cuments are i	ach copies of supporting iments, mortgages seconot available, explain If	documents, surity agreements the documents	deducted for the purpose of nuch as promissory notes pur ts and evidence of perfections are voluminous attach a su your claim, enclose a stampe	chase orders, inv n of lien DO NO mmary	roices, itemized state IT SEND ORIGINAL	
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ACCEPT for each	ED) so that it is	s actually rec	eived on or before 5 0	0 pm, prevaili ips, corporation	or hand delivered (FAXES Ning Pacific time, on Novembons, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOUR USE ON	
BMC Gro	oup	ckatina Canta	r	BMC Gro	oup		LED OCT 1	0 2000
P O Box	ACM Claims Do x 911 ido  CA 90245-0	•	ı	1330 Eas	ACM Claims Docketing Cente st Franklin Avenue ido CA 90245	" F		U 2000
DATE	/	SIGN and pri	nt the name and title if any	of the creditor of	or other person authorized to file		1104	CMC
10/0	3/2006	this cla	im (attach copy of power of	,	GEORGE S COH,	AN	USA 	

Case	00-10/23-gwz D00 0091-3		<u> </u>	<u> </u>	<u>- TO OLTT                               </u>
DISTR	S BANKRUPICY COURT ICT OF NEVADA	PRO	OF OF CLAIM		
Name of Debtor	7	Case Nur			
	h FIRST Trust Dag	86	10128		
This form should not be used arising after the commencer	of Debtors and Case Numbers I to make a claim for an administrative expendent of the case A "request" for payment of the bursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and	Address	,	statement giving particulars		
2549 SHETT			Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
			differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	(23) 113-2702		court		E IS FOR COURT USE ONLY
	other number by which creditor identifies d	ebtor	Check here replace or amen	a previousi	r filed cıaım dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		salaries and compensation (		Other claims against servicer
Services performed	Taxes	-	digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to
2 DATE DERT WAS INCHE	RRED TAN 6-2005	3 IF C	OURT JUDGMENT, DATE C	DRTAINED	(date) (date)
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See reverse side for importan	·		SECURED CLAIM		
	IY CLAIM \$ us no collateral or lien securing your claim or b) or operty securing it or if c) none or only part of your claim.		Check this box if you a right of setoff)  Brief description of		red by collateral (including
UNSECURED PRIORITY CI	AIM	······································	Real Estate		e 🔲 Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral		Cure
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Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
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5 TOTAL AMOUNT OF CL	AIM \$	130	DEC + IN TERE		\$
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7 SUPPORTING DOCU running accounts, contra	MENTS <u>Attach copies of supporting docu</u> cts court judgments, mortgages, security a cuments are not available, explain If the di	<i>ments,</i> su greements	ch as promissory notes pure and evidence of perfection	chase orders, inv	voices itemized statements of
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ACCEPTED) so that it is for each person or entiti governmental units)	npleted proof of claim form must be sent is actually received on or before 5 00 pm, iy (including individuals, partnerships, c	, prevailin orporatio	g Pacıfic tıme, on Novemb ns, joınt ventures, trusts aı	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Do	cketına Center	BMC Grou	OR OVERNIGHT DELIVERY TO up .CM Claims Docketing Cente	<b>[</b> ]	ED OCT 2 3 2006
P O Box 911 El Segundo, CA 90245-0	· ·	1330 East	t Franklin Avenue to CA 90245	···	
DATE	SIGN and print the name and title if any of the	e creditor or			USA FIRST TRUST
10/14/2006	the claim (attach copy of power of attorn	pey if any).	Uf and		1072800078

Case 06-10/25-gwz Doc 8891-3	PRO	OF OF CLAIM	<del>2:19 - Page</del>	+ 11 0† 11		
Name of Debtor	Case Nur	nher			j	
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NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expe		Check box if you are	\$50,	000,00 P	2 m	
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Name of Creditor and Address	ŀ	statement giving particulars	\$ 56	76670 1	OTAL	
11321241002367   KURT HARMS & SANDRA HARMS	, _ 0,	,				
5513 INDIAN HILLS AVE LAS VEGAS NV 89130-2073		never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS SECURED INTERE ONE OF THE DEB	ST IN A BORROW		
		Check box if this address differs from the address on the		ady filed a proof of o	claim with the	
Creditor Telephone Number (70) 645-3868		envelope sent to you by the court.	Bankruptcy Court o	r BMC, you do not :	,	
Last four digits of account or other number by which creditor identifies de	lebtor	a		. IO FOR GOOK	OGE ONE!	
436		Check here replace of this claim amen	a previously f	iled claim dated		
	Retiree be	enefits as defined in 11 U S		Unremitted p	onncipal	
Goods sold Personal injury/wrongful death		alaries, and compensation (	•	Other claims	against servicer	
Services performed Taxes	-	digits of your SS#		(not for loan	balances)	
Money loaned Other (describe briefly)  (ST TAUST Deed	Unpaid co	ompensation for services per	rformed from _	to	(4-4-2)	
2 DATE DEBT WAS INCURRED 1-19-2005	3 IF CC	OURT JUDGMENT, DATE O	BTAINED	(date)	(date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describ	pe your claim and state the amo	unt of the claim at the	e time case filed		
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM				
Check this box if a) there is no collateral or lien securing your claim or b) y		Check this box if you	our claim is secure	ed by collateral (in	ncluding	
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	a right of setoff)  Brief description of	collateral			
UNSECURED PRIORITY CLAIM		Real Estate		Other	ļ	
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Collateral	_	000.00		
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed	included in	
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towas services for personal family of				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		•		
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para			<b>'</b>	
Contributions to an employee benefit plan - 11 0 3 C 3 507(a)(3)		* Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 and ced on or after the d	l every 3 years ther late of adjustment	eafter	
5 TOTAL AMOUNT OF CLAIM \$ 6,76670 \$	50,0	000.00\$			176650	
(unsecured)	1-	ecured)	( prionty)	•	Total)	
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach ite	mized statement of	all interest or addit	tional charges	
6 CREDITS The amount of all payments on this claim has been credi						
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary						
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and cop	by of this	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co governmental units)	prevailing	Pacific time, on Novembe	er 13. 2006	THIS SPACE USE (		
BY MAIL TO	BY HAND, OBMC Grou	OR OVERNIGHT DELIVERY TO			1	
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente Franklin Avenue	r	-II -D -O-O	T 40 0 000	
El Segundo, CA 90245-0911	El Segund	o CA 90245		t" ED OC	T 0 2 2006	
DATE SIGN and print the name and title if any, of the this claim (attach copy of power of attorned)	e creditor or ley if any)	other person authorized to file	2) Harmo		1104 046	
9-28-06 Zunt Dann Ky	ATHA	RMS SANGRA	- Manus		USA CMC	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to 5	years or both 18 USC §§	152 AND 3571		1072500409	